

CITY OF FRANKFORT PLANNING & COMMUNITY DEVELOPMENT P.O. Box 697

Frankfort, Kentucky 40602 Phone: (502) 352-2094 Fax: (502) 875-8502 www.frankfort.ky.gov

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TA No.:				
Rec'd By:				

APPLICATION FOR TEXT AMENDMENT				
Tentative Zoning Update Committee Date: Tentative Subdivision Update Committee Date: Tentative Planning Commission Date:				
1)	GENERAL INFORMATION			
	a)	Applicant Name:		
	b)	Mailing Address:		
	c)	Daytime Phone:		
	d)	Fax:: Email:		
I hereby request the consideration of a Text Amendment as specified below: My Text Amendment Request pertains to: (check applicable box)				
□ Zoning Code -Please Complete Section A below				
□ Subdivision and Development Plan Regulations-Please Complete Section B below				
A) ZONING TEXT INFORMATION				
Article and Section Number of Zoning Code regarding proposed Text Amendment (example: "13.15 Prohibited Signs")				
Why is this amendment needed?				
Please use the space below to note the proposed text changes requested (attach additional sheets if needed):				

B) SUBDIVISION AND DEVLOPMENT PLAN INFORMATION

Part Number of Subdivision regulations regarding propose Subdivision and Development Design Requirements") _	
Section Number (example: "2.02.02 Lot and Block Designation of the control of the	rn Requirements"):
Subsection (example: "F"):	
Please describe in general terms the need/reason for timecessary)	his text amendment: (attach additional sheets if
Please use the space below to note the proposed text chan	ges requested (attach additional sheets if necessary):
2) <u>FILING INFORMATION</u>	
The following item must be attached to the application in	n order for the request to be processed:
a) Filing Fee of \$300. Make checks payable to the F	rankfort/Franklin County Planning Commission.
Signature of Applicant	Date:
NOTE: The filing fee must be filed with the Fr. the City of Frankfort, Planning & Community Dev	ankfort/Franklin County Planning Commission at velopment by the deadline date.